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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	112518.00003
		First Named Inventor	Mysore P. Divakar
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AREA ARRAY PACKAGES WITH OVERMOLDED PIN-FIN HEAT SINKS

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number **26707** OR Correspondence address below

Name

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name **Mysore P.** Family Name **DIVAKAR**
(first and middle (if any)) or Surname

Inventor's Signature
Mysore P. Divakar

Date **19-Jan-2004**

Residence: City **San Jose** State **CA** Country **U.S.** Citizenship **India**

Mailing Address

1061 ~~1075~~ Big Sur Drive
Mailing Address

City **San Jose** State **CA** ZIP **95120** Country **United States**

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name **Thomas H.** Family Name **TEMPLETON, JR.**
(first and middle (if any)) or Surname

Inventor's Signature
Thomas Templeton

Date **19 JAN 04**

Residence: City **Fremont** State **CA** Country **U.S.** Citizenship **United States**

Mailing Address

40759 Robin Street
Mailing Address

City **Fremont** State **CA** ZIP **94538** Country **United States**

Additional inventors are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Express Mail Label No. EL988554545US

(08-03)

Approved for use through 11/30/2005. OMB 0651-0035
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and
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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Mysore P. Divakar
Title	Area Array Packages With ...
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners at Customer Number:

26707

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 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Fax:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MYSORE P. DIVAKAR		
Signature	Mysore P. Divakar		
Date	19-January-2004	Telephone	408-268-7497

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	"Total of	2	forms are submitted.
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This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby appoint:

 Practitioners at Customer Number:

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Name	Registration Number

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<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	THOMAS H. TEMPLETON, JR.		
Signature	<i>Thomas H. Templeton</i>		
Date	19 JAN 04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 2 forms are submitted.

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